DEPARTMENT OF EMERGENCY MEDICINE
DARNALL ARMY COMMUNITY HOSPITAL
FORT HOOD, TX

ROTATION GOALS AND OBJECTIVES

Emergency Medicine encompasses the entire spectrum of patient disorders and therefore is an essential part of first year postgraduate training. Emergency Medicine focuses on the initial recognition, stabilization, and referral of patients with acute illnesses or injuries. This requires competence in several areas and Emergency Medicine programs are designed to train physicians accordingly.

In the Emergency Department, the clinician must be particularly attentive to subtle findings and not overlook potentially serious signs or symptoms. Patients must be aggressively and appropriately treated. Emergency Medicine requires mastery of interpersonal skills with patients, patient's families and consultants. Strong patient advocacy skills are necessary, as are effective management skills. Emergency Medicine training encourages development of a well-rounded clinical evaluation, diagnosis, resuscitation, and clinical management. Emergency Medicine requires being confident and being a person of action when inaction may lead to an adverse outcome. It also means being comfortable enough with oneself to require other physicians to see your patient even when they do not want to. Your rotation will improve confidence and improve your ability to recognize potential life/limb threats.

Emergency Medicine is one of the newest of the recognized specialties, formally accepted by the American Board of Medical Specialties in l979. Before the birth of this specialty, the early care delivered to victims of acute illnesses and injuries was generally substandard. Emergency or "accident" rooms, were just that-rooms. Often they were isolated from the mainstream of the hospital that housed them. Staff consisted of a conglomerate of moonlighters, part-time surgeons, pre-retirees, and disenchanted house officers. Equipment was often hospital castoffs. Prehospital care was rudimentary at best; personnel were poorly trained, they had no communication with the hospital, and patients were usually delivered to the nearest hospital, not the best equipped to handle their problem.

In the late 60's and early 70's, there developed an increasing awareness of the need to deliver high quality medical care to these patients, both in transit and during the first hour in the hospital. Prehospital care matured from a delivery mechanism to a sophisticated system of stabilization and appropriate transport, linked to hospitals by radio and telemetry communications. At the same time a small group of physicians recognized the need for formal training in Emergency Medicine, and was willing to pursue that goal before formal acceptance by the medical community. The first residency in EM opened its doors to applicants in 1972, seven years before the specialty was officially recognized.

Because EM is still in its infancy, there are those who do not yet fully understand what it involves. As students of this discipline, it is most important that you understand this early on. Let's begin by what it is not. Emergency Medicine is not Medicine, Surgery, Pediatrics, etc., practiced in another location. It is not intended to train triage officers who sort out and refer on the "interesting cases" while babysitting the profane, vomit-covered drunk. Rather the discipline focuses on the initial recognition, stabilization, and referral of patients with acute illnesses or injuries. This requires competence in several areas, and Emergency Medicine programs are designed to train physicians accordingly.

The Department of Emergency Medicine (DEM) at Darnall Army Community Hospital has 70,000 annual patient visits and operates an Advanced Life Support Ambulance Service.

ROTATION GOALS AND OBJECTIVES

- Understand the role of Emergency Medicine and the Emergency Physician in the initial evaluation and treatment of acutely ill and injured patients.
- Increase medical knowledge in multiple specialty areas.
- Develop the ability to generate a critical differential diagnosis in patients with common urgent complaints.
- Learn patient advocacy skills.
- Participate in supervised, ED evaluation and management of patients that present for care.
- Participate in the resuscitation of medical, surgical and pediatric patients.
- Learn to recognize critical data elements needed to determine safe and rapid disposition of acutely ill and injured patients.
- Through bedside and didactic teaching, develop the ability to describe potential life threatening problems and their evaluation in patients with common urgent complaints.

DUTY

Duty is primarily in the ED. Rotating physicians and medical students work 16 – 18 shifts during the month. Residents are encouraged to work up to their level of ability. Interns and Medical Students should not independently pick up Acutely Ill Patients unless specifically directed to do so by EM Staff. Unless otherwise directed, students may obtain history and perform initial physical exam, but must consult their preceptor before initiating laboratory, x-ray, or treatment. THE EM PHYSICIAN STAFF OR SENIOR RESIDENT MUST SEE EACH PATIENT AND COUNTERSIGN CHART BEFORE THE PATIENT LEAVES.

PROCEDURES

In order to facilitate learning and assist the nursing staff the following procedures should be learned and practiced while on rotation through the Department of Emergency Medicine.

Procedures may performed only under direct and qualified supervision by EM Staff (All Ages):

-Anoscopy
-Arterial puncture
-Arthrocentesis (excludes hip)
-Assessment of sexual assaults including forensic evidence collection
-Autotransfusion
-Burn management
-Cardioversion/Defibrillation
-Central line placement
-Chemical Restraint
-Cricothyroidotomy
-Culdocentesis
-Diagnostic Peritoneal Lavage
-Emergency Department management including the management of Multiple Casualty Incidents and MASCALS
-Emergency screening ultrasonography (per criteria)
-Emergent pericardiocentesis
-Emergent thoracentesis
-Emergent thoracotomy
-Emergent tracheostomy
-Emergent vaginal delivery
-Foreign Body Removal (rectal, vaginal, extremity and uncomplicated ear/nose)
-Immobilization and transportation techniques
-Incision and drainage of abscesses & thrombosed hemorrhoids
-Ingrown toenail removal
-Initial interpretation of CT scans and IVPs
-Initial interpretation of electrocardiograms
-Initial interpretation of radiographs
-Initial management of environmental conditions such as hypothermia, hyperthermia and lightning injuries
-Initial management of maxillofacial and dental emergencies
-Initial management of ocular emergencies
-Initial management of overdoses, envenomations and exposure to hazardous materials
-Intraosseous line placement
-Laceration repair, complex (excludes flexor tendon repair and repair of neurovascular damage)
-Laceration repair, simple
-Lumbar Puncture
-Medical control for pre hospital care providers via radio/cell phone
-Nasopharyngolaryngoscopy
-Ocular tonometry and slip lamp examination
-Orogastric/Nasogastric intubation and lavage
-Procedural Sedation
-Rapid Sequence Intubation
-Reduction of Fracture/Dislocation
-Regional Anesthesia (intercostal, penile, wrist, ankle, digits)
-Resuscitation, Adult-Medical
-Resuscitation, Adult-Surgical
-Resuscitation, Pediatric-Medical
-Resuscitation, Pediatric-Surgical
-Retrograde urethrogram/cystogram
-Spine and fracture immobilization, splinting and casting
-Suprapubic catheterization
-Thrombolysis for myocardial infarction or pulmonary embolism (excludes stroke)
-Transthoracic/Transvenous Pacing
-Tube thoracostomy
-Venous cutdown
-Ventilator management

METHOD OF ASSESSMENT

Rotating residents and medical students receive a packet of shift evaluation forms. A minimum of ten shift evaluations must be completed by the staff or senior resident precepting the student. Giving these forms to the staff/preceptor is the medical student or physician's responsibility. More evaluations may be completed if the rotator desires. Approximately half way through the rotation the intern must facilitate a meeting with Dr. Blankenship to review progress to that point. Upon completion of the rotation, evaluations are compiled, discussed at staff meeting and the rotation evaluation is completed based on this compilation.

The shift evaluation forms encompass the following areas: Medical knowledge, history, physical, patient/family interaction, physician/staffing interaction, differential diagnosis, x-ray/lab/EKG use and interpretation, patient management, and specific procedures performed.

POINTS OF CONTACT

Intern coordinator and administrative contact for leaves, passes, illness, problems of any type:

CPT Robert Blankenship, MD
Education Coordinator
Phone 254-288-8303
Pager 254-903-2650

Mrs. Linda Mitchell
Residency Coordinator
Phone 254-288-8303

ADMINISTRATIVE

Lounge: The ED has refrigerator and microwave. Bring your own labeled food.

Evaluations: You will be given a packet of 10 evaluation forms. Data from these forms will be used to complete your rotation evaluation. Be sure to hand forms to the at the beginning of your shift and ask them to complete it when the shift is over. You will also be provided an evaluator list (in your packet). Please record who you give shift evaluation sheets to so we can track them down.

Furnish a photo: We have a digital camera that can be used to take your photo to file with your evaluation and or application packet.

Identification: An ID Badge is required at all times while on duty at Darnall.

Grand Rounds: Grand Rounds are held every Thursday from 0700 – 1200 hours. This is mandatory for all rotating residents and medical students. Those who worked the night before attend until 0900 and are then allowed to leave if they wish.

Morning Report: Morning Report is every Tuesday, Wednesday, and Friday mornings from 0700 – 0800. Those going off night shift and those coming on morning shift are required to attend.

REQUIRED READING
Emergency Medicine: A Comprehensive Study Guide, third edition

Chapter 13--Life Threatening Signs and Symptoms in Adults, pp. 127-158.
Chapter 14--Life Threatening Signs and Symptoms in Children, pp. 159-188.
Chapter 169--Initial Approach to the Trauma Patient, pp. 905-909
Chapter 170--Pediatric Trauma, pp. 910-912.

RECOMMENDED READINGS

WEEK 1
Chapters 11, 12

WEEK 2
Chapters 17, 20, 21, 26, 34, 35, 40, 46, 50, 52

WEEK 3
Chapters 53, 57, 58, 64, 69, 74, 77, 84, 85, 88, 89, 90

WEEK 4
Chapters 106, 111, 112, 113, 124, 125, 142, 152

DARNALL ARMY COMMUNITY HOSPITAL
DEPARTMENT OF EMERGENCY MEDICINE
SHIFT EVALUATION LOG

_____ _____
(Name of Student/Physician) (Date)

Have each staff and/or senior resident sign his/her name on this sheet when you give them Shift Evaluation Form.

You are required to return this log form with your evaluation of the staff and of your critique of the Emergency Medicine rotation to the Residency Secretary at the end of your rotation. Evaluations are to be placed in CPT Blankenship's box.

	DATE	**STAFF SIGNATURE**
1)	_____	_____
2)	_____	_____
3)	_____	_____
4)	_____	_____
5)	_____	_____
6)	_____	_____
7)	_____	_____
8)	_____	_____
9)	_____	_____
10)	_____	_____

You must turn in a minimum of 10 shift reports signed by Staff. It is your responsibility to insure your evaluators received these forms to be completed!

DARNALL ARMY COMMUNITY HOSPITAL
DEPARTMENT OF EMERGENCY MEDICINE
SHIFT EVALUATION

STUDENT: _____ EVALUATOR: _____DATE: _____

	Beyond Peers	Average	Below Peers
Medical Knowledge			
History			
Physical			
Patient/Family Interaction			
Physician/Staffing Interaction			
Differential Diagnosis			
X-Ray/Lab/EKG Use and Interpreting			
Patient Management			

SPECIFIC PROCEDURES PERFORMED:

_____

_____

_____

_____

_____

EVALUATORS COMMENTS:

_____

_____

_____

_____

_____

_____

_____
SIGNATURE

DEPARTMENT OF EMERGENCY MEDICINE
EVALUATION OF EM ROTATION

During the past weeks or months you have been exposed to a rotation in Emergency Medicine. We would like your comments about this rotation. The stated goals of Emergency Medicine Rotation include:

- Understand the role of Emergency Medicine and the Emergency Physician in the initial evaluation and treatment of acutely ill and injured patients.
- Increase medical knowledge in multiple specialty areas.
- Develop the ability to generate a critical differential diagnosis in patients with common urgent complaints.
- Learn patient advocacy skills.
- Participate in supervised, ED evaluation and management of patients that present for care.
- Participate in the resuscitation of medical, surgical and pediatric patients.
- Learn to recognize critical data elements needed to determine safe and rapid disposition of acutely ill and injured patients.
- Through bedside and didactic teaching, develop the ability to describe potential life threatening problems and their evaluation in patients with common urgent complaints.

QUESTIONS:

1. Do you feel these stated goals were met for you?

2. Do you feel these goals would be met for other trainees of your level, of diverse background?

3. Please grade the efficacy of the components of your Emergency Medicine rotation in meeting the stated goals. (Did they help you learn?)

   Core Lectures:

   Chart Reviews w/Preceptors:

   Patient Care Opportunity:

4. Do you have any general or specific comments or suggestions on your Emergency Medicine rotation, or about the goals of the rotation?

5. Please indicate the DEM physician or PA whom you felt contributed the most to your education and was the most effective teacher.

DEPARTMENT OF EMERGENCY MEDICINE
EVALUATION OF STAFF

STAFF:_____

This report represents your evaluation of the above named physician. An objective and thoughtful appraisal is requested.

	Above Average	Average	Below Average	N/A
Clinical Competence				
Interpersonal skills & personality				
Teaching Skills				
Availability for help				
Role Model				
Overall contribution to my training				

COMMENTS:

_____

_____

_____

_____

_____

_____

_____

PLACE IN CPT BLANKENSHIP'S BOX
THESE ARE CONSIDERED CONFIDENTIAL
DO NOT PLACE YOUR NAME ON THIS FORM